

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, PO Box 1450, Alexandria, VA , 22313-1450 on 6 November 2006
Jeannie Camara

(Typed or Printed Name of Person Mailing Paper or Fee)



Jeannie Camara
(Signature of Person Mailing Paper or Fee)

PATENT APPLICATION
Attorney Docket No. SUN-P7005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE PATENT APPLICATION OF)
Partha P. Tirumalai et al.) Examiner: Fowlkes, Andre R.
Serial No. 10/052,997) Group Art Unit: 2192
Filing Date: 2 November 2001)
Title: METHOD AND APPARATUS FOR SELECT-)
ING REFERENCES FOR PREFETCHING IN)
AN OPTIMIZING COMPILER)

AMENDMENT TRANSMITTAL LETTER

Mail Stop: Amendment
Assistant Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In connection with the above-referenced U. S. patent application, transmitted herewith are the following papers:

- ☒ Response under 37 C.F.R. § 1.111 to official action mailed 3 October 2006.
- ☐ A petition for extension of time is also enclosed with a fee of \$55.00 for a one-month extension for a small entity.
- ☐ Terminal disclaimer under 37 C.F. R. § 1.321(c), including
 - ☐ check for \$110.00 fee under 37 C.F.R. § 1.20(d), and
 - ☐ 2 certificates under 37 C.F.R. § 3.73(b).
- ☐ Information disclosure statement, form 1449 and ___ references.
- ☒ No additional claims fees are required.


☐ An additional fee is required, and is calculated as shown below:

| AMENDED CLAIMS | | | | | |
|------------------------------------------------------------------------|---------------|-------------------------------------------|--------------|----------|---------------|
| | NO. OF CLAIMS | HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR | EXTRA CLAIMS | RATE | ADDT'L FEE |
| Total Claims | | MINUS = 20 | 0 | x \$18 = | |
| Independent Claims | | MINUS = 3 | 0 | x \$78 = | |
| If Amendment adds multiple dependent claims, add \$260.00 | | | | | |
| Total Amendment Fee | | | | | |
| If small entity status is claimed, subtract 50% of Total Amendment Fee | | | | | |
| TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT | | | | | \$0.00 |

- ☐ A check in the amount of \$____ is enclosed.
☐ Charge \$____ to Deposit Account No. ____ (Docket No. ____).
☒ Please deduct any underpayments, credit any overpayments, and charge all required extension of time fees to Deposit Account Number 50-1003. (Docket No. SUN-P7005).

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Respectfully submitted,

By 
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Date: 6 November 2006